

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155334		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2011	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN46219			
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00091800.</p> <p>This visit was in conjunction with the Post Survey Revisit [PSR] to the Investigation of Complaint IN00088998 completed on 4/21/2011.</p> <p>Complaint IN00091800- Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: June 6, 7, 8, 9, 10, 13 &amp; 14, 2011.</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Survey team: Rhonda Stout, RN-TC [June 6, 7, 8, 9 &amp; 10, 2011] Marcy Smith, RN [TC for June 13 &amp; 14, 2011] Patti Allen, BSW Leia Alley, RN [June 13 &amp; 14, 2011]</p> <p>Census bed type: SNF/NF: 132</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0248 SS=D	Total: 132  Census payor type: Medicare: 23 Medicaid: 73 Other: 36 Total: 132  Sample: 24  These deficiencies also reflect state findings cited in accordance with 410 AC 16.2.  Quality review completed on June 20, 2011, by Bev Faulkner, RN						
	The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.  Based on observation, record review and interview, the facility failed to ensure activities were consistently offered or provided to bedridden residents according to their interests for 1 of 5 bedridden residents reviewed for activities in a sample of 24. (Resident #75)			F0248	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it		07/08/2011

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	<p>Findings included:</p> <p>The record of Resident #75 was reviewed on 6/7/11 at 9:00 a.m.</p> <p>Diagnoses for Resident #75 included, but were not limited to, depression, blindness, generalized anxiety, end stage renal disease, diabetic retinopathy and high blood pressure.</p> <p>The resident was admitted to the facility on 8/10/09. She went to hemodialysis three days per week.</p> <p>A Significant Change Minimum Data Set (MDS), dated 2/25/11, showed the resident's BIMS (Brief Interview for Mental Status) score was 15/15, indicating her decisions were consistent, reasonable and independent. Her "Preferences for Customary Routine and Activities" on this same MDS indicated no activities which were very important, but 3 which were somewhat important. These activities were listening to music she liked, keeping up with the news and participation in religious services or practices.</p> <p>An activities careplan for Resident #75, current through 8/28/11, indicated a problem of "I have vision impairment and prefer independent act.[ivities] in own</p>				<p>is required by the provisions of federal and state law.I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.Resident #75 has been interviewed by activity staff and the resident's comprehensive assessment has been reviewed to ensure that activities provided meet the resident's personal interests related to activity.II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.Bedridden residents have the potential to be affected by not having activities consistently offered or provided according to their interest. Residents who are bedridden will be identified by the activity director/designee. These residents will be interviewed (when possible) and through comprehensive assessments will be reviewed to determine the bedridden resident's specific interests as it relates to activities. The activity department will provide activities which meet the bedridden resident's interest. An activity calander will be provided to resident's who are bedridden. Activities will complete and maintain documentation of one to one visits for bedridden residents.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does</p>		

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	<p>room or 1-1 visits for social stimulation." The goal, current through 8/28/11, was "I will accept room visits at least 3X per week non-conflicting with dialysis schedule; including listening to music, reviewing Daily Chronicle and puzzles, spiritual visits, manicures and writing family letters (with assistance.) Approaches included "(01) Will offer morning visits non-conflicting with dialysis to review daily chronicle and discussion (02) Will offer visits for spiritual discussion, sing a longs, and assist with writing family letters."</p> <p>A long term placement careplan for the resident, current through 8/28/11, indicated a goal of "I will continue to achieve a quality of life that is visible through my daily living." Approaches included "(01) I will be encouraged to participate in activities and programming..."</p> <p>A depression careplan, current through 8/28/11, indicated a goal of "I will remain without symptoms of depression. Approaches included "... (03) Staff will provide positive reinforcement for participation in life of facility and socialization."</p> <p>An activities summary sheet for Resident #75, received from the Activities Director</p>				<p>not recur. The activity department will be in-serviced on providing ongoing activity programs designed to meet the interests of bedridden residents based on the resident interview (when possible) and comprehensive assessment by June 21, 2011. The activity director/designee will audit bedridden resident's activity for 3 months or until compliance is achieved. Random resident/family interviews will be conducted weekly x 1 month, then monthly x 3 months and then quarterly. IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The ED will monitor activity audits at PI monthly for the period of 3 months or until compliance is achieved and then quarterly. Issues identified from the interviews will be reviewed monthly during PI.</p>		

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	<p>on 6/9/11 at 8:55 a.m., indicated the following:</p> <p>Activities which took place in April, 2011</p> <p>4/7 Delivered cookies, oatmeal, left TV on per request</p> <p>4/24 Read Daily Chronicle, left TV on per request</p> <p>4/25 Read Daily Chronicle, left TV on per request</p> <p>Activities which took place in May, 2011</p> <p>5/2 Read Daily chronicle</p> <p>5/12 Read Daily Chronicle, cookie delivered</p> <p>5/14 Read Daily Chronicle, left TV on with music playing</p> <p>5/18 Relaxation video on channel 2</p> <p>5/23 Read Daily Chronicle, TV left on per request</p> <p>5/25 Cookie and read Daily Chronicle</p> <p>5/28 Room visit of Daily Chronicle</p> <p>Activities which took place in June, 2011</p> <p>6/4 Read Daily Chronicle, TV left on per request</p> <p>6/5 Read Daily Chronicle, TV left on per request</p> <p>"[Resident #75's name] receives Daily Chronicle on weekends read to her and during 'Sensations.' She has family in regularly and listens to the television daily."</p>						

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	<p>On 6/6/11 at 10:50 a.m., Resident #75 was observed lying in bed, facing the window. The TV was on.</p> <p>On 6/8/11 at 3:30 p.m., the resident was observed lying in bed, facing the window with her eyes open. The TV was on.</p> <p>On 6/9/11 at 11:30 a.m., the resident was observed lying in bed, facing the window with her eyes open. The TV was on.</p> <p>On 6/10/11 at 8:55 a.m., the resident was observed lying in bed with her eyes open. The TV was on.</p> <p>On 6/10/11 at 11:00 a.m., the resident was observed lying in bed with her eyes closed. The TV was on.</p> <p>On 6/10/11 at 11:20 a.m., the resident was observed lying in bed, facing the window with her eyes open. The TV was on.</p> <p>During an interview with Resident #75 on 6/8/11 at 3:30 p.m., she indicated she likes to stay in her room and doesn't go to any of the activities in the facility. She indicated "I'm blind."</p> <p>She indicated "They used to come to my room and read to me but nobody has come for a long time." When asked if she ever heard the music or singers that come to the facility, she asked "Do they have singers?"</p> <p>During an interview with the Activities Director on 6/9/11 at 3:00 p.m., she</p>						

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F0309 SS=G	indicated she considered family visits part of the activity program provided to the resident by the facility. She indicated she considered leaving the television on as part of the activity program provided to the resident by the facility if the resident requested it be left on. She indicated the resident expressed interest in having a [name of publisher] romance book on tape or read to her. She indicated she doesn't have any of those books on tape but maybe she could find a book.  3.1-33(a)						
	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure appropriate care was provided to a resident experiencing a significant and potentially life threatening change of status for 1 of 3 closed records reviewed for residents receiving appropriate care when experiencing a significant change in a sample of 24. (Resident #A)			F0309	I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #A no longer resides at the facility. The nurse involved in the incident has been disciplined in accordance with Kindred's Human Resource Policies and Procedures. II. How other residents having the potential to be affected by the		07/08/2011

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	<p>Findings included:</p> <p>The record of Resident #A was reviewed on 6/10/11 at 12:00 p.m.</p> <p>Diagnoses for Resident #A included, but were not limited to, ovarian cancer, coronary artery disease, high blood pressure, diabetes mellitus and status post surgery on 2/18/11 for an omentectomy, a bilateral salpingo oophorectomy (removal of bilateral ovaries), gall bladder removal and appendectomy.</p> <p>She was admitted to the facility on 3/4/11. Admitting physician's orders, dated 3/4/11, indicated the resident was a "Full Code," meaning she wanted everything possible done to keep her alive.</p> <p>Admission nursing notes on 3/4/11 at 4:00 p.m., indicated the resident was alert and oriented and able to make her needs known. The notes indicated she had an abdominal incision which was intact with steri strips in place. Her blood pressure at this time was 98/54, heart rate was 68 and her oxygen saturation (SaO2) was 97% on room air.</p> <p>A nurse's note, dated 3/5/11 at 5:00 a.m., indicated the resident was awake, oriented and without complaints or distress. Her</p>				<p>same deficient practice will be identified and what corrective action(s) will be taken. Any resident experiencing a significant and potentially life-threatening change of status has the potential to be affected by failure to ensure that appropriate care is provided. The Director of Nursing/designee will review residents having an acute change of condition daily. The licensed nurse will be responsible for recording a resident's acute change of condition on the 24 hour report and in the progress note.III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Licensed nurses and CNAs have been in-serviced on acute change of condition and on appropriate care of a resident experiencing a significant and potentially life-threatening change of status. The DNS/designee completes an audit tool to ensure that appropriate care has been implemented. This will be audited for 3 months or until compliance is achieved, and then quarterly.IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.The DNS will present the results of the audit tool to the PI committee for review for 3 months or until compliance is achieved and then quarterly.</p>		



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	<p>respirations were unlabored. Her blood pressure was 110/60 and her heart rate was 80.</p> <p>The next nurse's note, on 3/5/11 at 1:00 p.m., indicated she had no complaints. Her blood pressure was 131/60 and her heart rate was 70.</p> <p>The following notes were written by LPN #1 on 3/5/11:</p> <p>At 2:30 p.m., a nurse's note written indicated only that the resident had a small amount of "yellow pudding-like emesis."</p> <p>A Condition Change Form written at 3:15 p.m., indicated the physician had been notified of the results of lab tests performed on the resident.</p> <p>A Condition Change Form written at 3:30 p.m., indicated Resident #A was in the bathroom trying to have a bowel movement. A "hard formed small BM noted." The resident was complaining of weakness and appeared pale.</p> <p>At 4:00 p.m., a Change in Condition form indicated Resident #A's blood pressure was 88/56, her heart rate was 50 and her SaO2 sat was 89 - 90 %. At this time the LPN #1 indicated she began administering</p>						

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	<p>oxygen to the resident at the rate of 1.5 liters per minute.</p> <p>A nurse's note written at 4:00 p.m., indicated the resident was alert and oriented, some firmness and tenderness was noted in the right upper quadrant of her abdomen. She was complaining of some shortness of breath. LPN #1 indicated in the note that at this time she gave the resident an abdominal massage "to increase stimulation."</p> <p>A physician's order at 4:15 p.m., indicated "encourage fluids ([not] in excess)"</p> <p>A Change in Condition Form written at 5:00 p.m., indicated the resident's blood pressure was 94/79, her heart rate was 51 and her SaO2 saturation was 90%.</p> <p>A nurse's note written at 5:00 p.m., indicated Resident #A was short of breath and had no signs or symptoms of "acute distress. Encouraged to relax, deep breaths. Will cont[inue] to monitor."</p> <p>A nurse's note written at 6:00 p.m., indicated the resident was complaining of nausea and ill feeling. Fluids were encouraged.</p> <p>A Condition Change Form written at 7:45</p>						

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	<p>p.m., indicated "responded by request of friend in room [with] res.[ident]. c/o [complaints of] [decreased] responsiveness. B/P unattainable, SaO2 unattainable. Res.[pirations] 28 min[ute], radial pulse faint. [zero] responsiveness [with] verbal or tactile stimuli. Notified MD..."</p> <p>A physician's order written at 8:08 p.m., indicated "May send to [name of hospital near facility] D/T[due to] [decreased] LOC [level of consciousness.]"</p> <p>A nurse's note written at 8:00 p.m., indicated "Transport notified. Family notified..."</p> <p>A nurse's note written at 8:10 p.m., indicated "Res.[ident] coded...", cardiopulmonary resuscitation with respirations was initiated and the AED (automated external defibrillator) was used. No cardiac rhythm was detected. CPR was continued until ambulance team and paramedic arrived.</p> <p>A nurse's note written at 8:38 p.m., indicated the resident departed in an ambulance. No heart rhythm was detected.</p> <p>A nurse's note written as an "Addendum"at 9:30 p.m., indicated at</p>						

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	<p>8:14 p.m., transport with paramedic arrived at the facility. Staff had been instructed by the paramedic team to continue compressions while they prepared the resident for medical intervention. She indicated the facility "notified the team of need to call 911 immediate communication via dispatch radio utilized to contact." At 8:18 p.m. "911 Emergency staff arrival. Emergency medical staff relieved facility staff in ongoing CPR."</p> <p>A nurse's note written at 9:30 p.m., indicated the hospital had called the facility to notify them of Resident #A's RHC (respirations have ceased) status.</p> <p>An Ambulance Report Run, received from the DoN on 6/13/11 at 12:10 p.m., dated 3/5/11, indicated a dispatch and enroute time of 8:18 p.m., an arrival on scene time of 8:29 p.m., a departure time of 8:52 p.m., and an arrival at destination (hospital) time of 8:57 p.m. The report indicated the "reason for dispatch" was "unresponsive." It indicated breathing was absent, airway was obstructed, pupils were non-reactive, the resident had no blood pressure, pulse or respirations. Under signs/symptoms/impression it indicated "cardiac arrest." The narrative indicated "...large amounts of vomit suctioned..."</p>						

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	<p>An Emergency Room Report, dated 3/5/11, indicated the resident was "pulseless", "apneic[not breathing]" and her pupils were fixed and dilated and the cardiac monitor showed no heart rhythm. Efforts to resuscitate were stopped at 9:06 p.m.</p> <p>A facility policy titled "Emergency Basic Life Support Notification System," dated 10/25/10, received from the Director of Nursing (DoN) on 6/13/11 at 11:35 a.m. indicated "...Discover...1. Resident found without pulse and/or respiration, assess by 'look listen, feel' for respirations and pulses, determine unresponsiveness, call for 'HELP'...Licensed nurse 2. Call for help giving the location and need for emergency equipment..."</p> <p>During an interview with LPN #1 on 6/13/11 at 10:15 a.m., she indicated she was caring for Resident #A during the evening shift on 3/5/11. She indicated her report on Resident #A from the day shift nurse included that the resident was alert and oriented and "doing fine, here for rehab." It did not indicate any acuity or recent surgery. She indicated she met Resident A while the resident was on the commode. She noted some shortness of breath and straining on the part of the resident at that time. She told the resident</p>						

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	<p>she would notify the doctor. She took her vital signs around 4:00 p.m., while the resident was sitting in bed. She indicated the resident was having some abdominal pain and so she gave her a pain pill. She told the Resident #A at that time to "rub her abdomen in a counter clockwise motion" to stimulate the colon. She indicated she also massaged the resident's abdomen at this time. She "checked back around 4:30 p.m., to see if the pain medication was effective." She indicated the resident told her the pain was gone but she still felt "ick." At that time she encouraged the resident to put her feet up in bed and rest. She indicated her next contact with the resident was a little before 8:00 p.m., when she was starting the evening medication pass. A CNA (Certified Nursing Assistant) told her Resident #A's friend wanted LPN #1 to come to the resident's room. LPN #1 indicated she had "pills in my hand and would attend to the resident shortly. After the medication administration, I went into the room and found the resident unresponsive. Her breathing was not labored. I asked the friend how long she had been that way and she said about 10 minutes. I left the room and requested emergency transport due to decreased level of consciousness. I told the Emergency Transport I need it now, but it's not necessarily a life threatening</p>						

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	<p>ordeal." She indicated she did not call 911. She indicated after she called for transport, she called the resident's contact numbers and did some paperwork, then "I decided I better go check on her again. The friend was still sitting there. The resident was not breathing. The friend never came to get me." LPN #1 indicated at this time she left the room again to get the crash cart. Other staff members came and started CPR and applied the AED. She indicated one of the nurses asked if anyone had called 911. LPN #1 told them she had called for transport, not 911. When the transport ambulance arrived they "didn't have what they needed to do a code. We asked them to use their dispatch to call 911. The fire rescue service arrived 3-5 minutes later. They instructed us to continue CPR while they assembled their emergency equipment and then they took over." She indicated she was unsure if the Emergency Medical Technicians were still doing CPR on the resident when they took her to the hospital.</p> <p>LPN#1 indicated during this interview she left the resident in the room unattended by nursing staff when she first noticed the resident was unresponsive (she called for transport, called resident's contacts and did paperwork) and again when she noted the resident was not breathing. (she left to get the crash cart instead of calling</p>						

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	<p>"HELP," per facility policy)</p> <p>Documentation in the resident's record did not support any nursing assessments, vital signs or contact took place with Resident #A after 6:00 p.m., until the resident became unresponsive around 7:45 p.m.</p> <p>During an interview with Physician #2 on 6/13/11 at 3:50 p.m., he indicated he was the physician on call during the evening of 3/5/11. He indicated he was unable to remember receiving a call regarding Resident #A's declining status, but hypothetically if he was told a Full Code resident had become unresponsive to verbal and tactile stimuli and the facility was unable to obtain her blood pressure or oxygen saturation he would have ordered the facility to call 911 to take the resident to the emergency room.</p> <p>During an interview with the DoN on 6/10/11 at 3:50 p.m., she indicated abdominal massage to stimulate intestinal motility is not part of the facility protocol. She indicated the nursing staff does not know how to do abdominal massage. She indicated they should not do it.</p> <p>During an interview with the DoN on 6/14/11 at 1:20 p.m., she indicated if a resident who is a full code is rapidly declining or has a sudden significant</p>						



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	<p>change of status the nurse should call 911 for transport to the emergency room. She indicated "I always tell my nurses to take care of the resident first. LPN #1 should have recognized at 7:45 p.m. [on 3/5/11] that Resident #A was an emergency and called 911." She also indicated a nurse should always stay with a resident who is experiencing a potentially life threatening change of status and let other staff members make necessary phone calls, do paper work or get the crash cart.</p> <p>This Federal tag relates to Complaint IN00091800.</p> <p>3.1-37(a)</p>						

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F0323 SS=E	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation and interview, the facility failed to ensure the resident environment remained as free of accident hazards as possible for 2 of 47 resident rooms, 1 of 5 activity rooms and 2 of 8 public restrooms in that; water temperatures exceeded 120 degrees Fahrenheit. This potentially affected 4 residents occupying Rooms 005 and 011 of 39 residents residing on the unit and 121 residents who used the Activity Room/Grandma's Kitchen on the Cambridge South Unit in the facility population of 132.</p> <p>Finding include:</p> <p>During the environmental tour on 6-08-11 at 2:00 p.m., with the Housekeeping/Laundry Supervisor and Executive Director, the following water temperatures were taken with a digital thermometer in hand washing sinks:</p> <p>1. Resident Room # 005- 127 degrees Fahrenheit. Two residents occupied this room.</p>			F0323	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Water temperatures were returned to correct temperature range on 6/9/11. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. The Maintenance Director/designee checked the water temperatures in the remainder of the building and no problems were identified. III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The Maintenance Director will monitor water temperatures on a weekly basis and record the results on a water temperature log. The Maintenance Director will develop and implement a preventive maintenance plan for the hot water heaters. IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The Maintenance</p>		07/08/2011

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	<p>Resident Room # 011- 126 degrees Fahrenheit. Two resident occupied this room.</p> <p>Activity Room # Grandma's Kitchen - 128 degrees Fahrenheit.</p> <p>Men's and Women's Public Restrooms located near the front lobby - 140 degrees Fahrenheit</p> <p>At this time, the temperatures were verified by the Housekeeper/Laundry Supervisor and the Executive Director.</p> <p>Interview with the Maintenance Assistant during this time, indicated the facility had five hot water heaters. One controls the South and East Cambridge resident suites, one takes care of the kitchen, two take care of the Windsor resident suites, the other one takes care of Regent resident suites. He indicated the temperatures were not consistently above 120 degrees during facility monitoring, that they were usually between 100 to 120 degrees Fahrenheit.</p> <p>The Executive Director was advise of the high water temperatures on 6-8-11 at 2:00 p.m. No showers were given and staff also turned the hot water off in each hand sink in the affected rooms and placed out-of-order signs on the doors of the restrooms, while staff replaced the mixing valve on the water heater for the</p>				<p>Director/designee will monitor through random water temperatures, water temperature log review and incident/accident review. The ED will present the results of the log to the monthly PI committee. The ED is responsible for overall compliance.</p>		

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	<p>Cambridge Suites. The staff called and waited for Mechanical and Electrical Company to arrive to evaluate problem.</p> <p>At 4:00 p.m., a contractor for Mechanical and Electrical Company arrived and started checking the hot water temperatures. He went to the area to check the water heaters and reported back. He indicated that the water heater needed to be replace. The work was started to change out water heater.</p> <p>The water temperatures were retested on 6-9-11 at 10:00 a.m., with the Housekeeping/Laundry Supervisor. The following water temperatures were taken by a dial thermometer:</p> <p>2. Resident Room # 005- 112 degrees Fahrenheit Resident Room # 011- 111 degrees Fahrenheit Activity Room # Grandma's Kitchen - 114 degrees Fahrenheit Men's and Women's Public Restrooms located near the front lobby - 118 degrees Fahrenheit</p> <p>All temperatures were verified by the Housekeeping/Laundry Supervisor.</p> <p>The water temperatures were taken on 6-9-11 at 3:00 p.m., with the</p>						

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	Housekeeping/Laundry Supervisor. The following water temperatures were taken by a dial thermometer:  3. Resident Room # 005- 112 degrees Fahrenheit Resident Room # 011- 112 degrees Fahrenheit Activity Room # Grandma's Kitchen - 114 degrees Fahrenheit Men's and Women's Public Restrooms located near the front lobby - 118 degrees Fahrenheit  3.1-45(a)(l)						